APPENDIX

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AFFILIATED PROVIDER SUBCONTRACT

THIS AGREEMENT, is made this —— day of ——-———, 19—, by and between MARSHFIELD CLINIC, a Wisconsin not-for-profit corporation engaged in the business of providing medical services, hereinafter referred to as "Clinic," and ————————————, a/an ————————————, by profession, hereinafter referred to as "Affiliated Provider(s)".

* * * *

PART III—BILLINGS AND COMPENSATION

3.01 *Professional Fee.* Subject to the limitations outlined below, Clinic agrees to reimburse the Affiliated Provider(s) at a rate of eighty-five (85%) of the lesser of Provider's usual and customary charges and Plan's maximum allowable charge for covered care that is rendered to eligible Participants in Plan except as outlined below in Plan's Prepaid Mediiare Program. This section is effective on October 1, 1989, the beginning of Plan's current fiscal year.

* * * *

3.06 *Notice of Charges.* Affiliated Provider(s) agrees (agree) to provide Plan's Insurance Committee with a schedule of his/her(their) usual and customary charges and further agrees(agree) to notify the Committee at least ninety (90) days in advance of the calendar year, i.e. by October 1, of any anticipated modifications in this schedule, which charges may then be recognized in the new calendar year, i.e. January 1. It is understood that additional changes in Affiliated Providers fee schedules will not be recognized by Plan during the fiscal year.

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